## The Remi Group Endorsement Request Form

Send the Below Information to Nancy Carter at <a href="Mcarter@theremigroup.com">NCarter@theremigroup.com</a>
Or Toll Free Fax: 866-497-9397

Department Name:

Agency / Sub Agency Number:\_\_\_\_\_

Requested by:	Phone Number/Email:	
Item #1	Item #2	Item #3
☐Add ☐Change ☐Quote ☐Delete	□Add □Change □Quote □Delete	☐Add ☐Change ☐Quote ☐Delete
If Deleting, please check reason:  Equipment Obsolete  Placed Under Service Contract  Replacement of Equipment  Other:	If Deleting, please check reason:  Equipment Obsolete  Placed Under Service Contract  Replacement of Equipment  Other:	If Deleting, please check reason:  Equipment Obsolete  Placed Under Service Contract  Replacement of Equipment  Other:
Effective Date of Change:	Effective Date of Change:	Effective Date of Change:
Warranty Period:	Warranty Period:	Warranty Period:
Manufacturer:	Manufacturer:	Manufacturer:
Model:	Model:	Model:
Serial #:	Serial #:	Serial #:
Description:	Description:	Description:
Purchase Cost:	Purchase Cost:	Purchase Cost:
Volume Usage:	Volume Usage:	Volume Usage:
Service Vendor:	Service Vendor:	Service Vendor:
Current Service Contract Cost \$	Current Service Contract Cost \$	Current Service Contract Cost \$
Additional Information:		

Indicate number of annual pm visits required for each piece of equipment. Please provide a copy of your current maintenance contract if available.